

State of Missouri



DEPARTMENT OF COMMERCE AND INSURANCE

P.O. Box 690, Jefferson City, MO 65102-0690

MANAGING GENERAL AGENT'S CERTIFICATION AFFIDAVIT

I, _____, who holds the position of _____,

(NAME OF INSURER REPRESENTATIVE)

_____, with the _____,

(TITLE)

(NAME OF INSURER)

do hereby certify that, to the best of my knowledge of the facts of which I am presently aware, _____ has honored the Managing

(NAME OF MANAGING GENERAL AGENT)

General Agent's contract in full and that

_____ has obtained the attached actuarial

(NAME OF INSURER)

opinion attesting to the accuracy of the loss reserves

established by _____.

(NAME OF MANAGING GENERAL AGENT)

The Managing General Agent has submitted their most recent annual audit conducted by a Certified Public Accountant which I am also submitting to the Missouri Department of Insurance with this affidavit.

Date: _____

Signed: _____

Title: _____